

**IN THE COURT OF COMMON PLEAS OF FRANKLIN COUNTY, OHIO  
DIVISION OF DOMESTIC RELATIONS AND JUVENILE BRANCH  
CHILD SUPPORT COMPUTATION WORKSHEET SOLE RESIDENTIAL PARENT OR SHARED PARENTING ORDER**

NAMES OF PARTIES: \_\_\_\_\_

CASE NO. \_\_\_\_\_

JUDGE \_\_\_\_\_

The following parent was designated as the residential parent and legal custodian: \_\_\_\_\_ MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ SHARED

No. of minor children: \_\_\_\_\_

	COLUMN I FATHER	COLUMN II MOTHER	COLUMN III COMBINED
1. a. Annual gross income from employment or, when determined appropriate by the court or agency, average annual gross income from employment over a reasonable period of years. (Exclude overtime, bonuses, self-employment income, or commissions). . . . .	\$_____	\$_____	
b. Amount of overtime, bonuses, and commissions:			
	FATHER	MOTHER	
Year 3 (Three years ago). . . . .	\$_____	\$_____	
Year 2 (Two years ago). . . . .	\$_____	\$_____	
Year 1 (Last calendar year) . . . . .	\$_____	\$_____	
AVERAGE:	\$_____	\$_____	\$_____

(Include in Column I and/or Column II the average of the three years or the year 1 amount, whichever is less, if there exists a reasonable expectation that the total earnings from overtime and/or bonuses during the current calendar year will meet or exceed the amount that is the lower of the average of the three years or the year 1 amount. If, however, there exists a reasonable expectation that the total earnings from overtime/bonuses during the current calendar year will be less than the lower of the average of the three years or the year 1 amount, include only the amount reasonably expected to be earned this year.)

2. For self-employment income:

a. Gross receipts from business. . . . .	\$_____	\$_____
b. Ordinary and necessary business expenses . . . . .	\$_____	\$_____
c. 5.6% of adjusted gross income or the actual marginal difference between the actual rate paid by the self-employed individual and the F.I.C.A. rate. . . . .	\$_____	\$_____
d. Adjusted gross income from self-employment (Subtract the sum of 2b and 2c from 2a). . . . .	\$_____	\$_____
3. Annual income from interest and dividends (whether or not taxable). . . . .	\$_____	\$_____
4. Annual income from unemployment compensation. . . . .	\$_____	\$_____
5. Annual income from workers' compensation, disability insurance benefits, or Social Security Disability/Retirement benefits . . . . .	\$_____	\$_____
6. Other annual income (identify)_____ . . . . .	\$_____	\$_____

	COLUMN I FATHER	COLUMN II MOTHER	COLUMN III COMBINED
7.a. Total annual gross income (add lines 1a, 1b, 2d, and 3-6). . . . .	\$ _____	\$ _____	
b. Health insurance maximum (multiply line 7a by 5%).....	\$ _____	\$ _____	
<b>ADJUSTMENTS TO INCOME</b>			
8. Adjustment for minor children born to or adopted by either parent and another parent who are living with this parent; adjustment does not apply to stepchildren (number of children times federal income tax exemption less child support received, not to exceed the federal tax exemption). . . . .	\$ _____	\$ _____	
9. Annual court-ordered support paid for other children . . . . .	\$ _____	\$ _____	
10. Annual court-ordered spousal support paid to any spouse or former spouse. . . . .	\$ _____	\$ _____	
11. Amount of local income taxes actually paid or estimated to be paid. . . . .	\$ _____	\$ _____	
12. Mandatory work-related deductions such as union dues, uniform fees, etc. (Not including taxes, Social Security, or retirement). . . .	\$ _____	\$ _____	
13. Total gross income adjustments (add lines 8 through 12). . . . .	\$ _____	\$ _____	
14. a. Adjusted annual gross income (subtract line 13 from line 7a) . . . .	\$ _____	\$ _____	
b. Cash medical support maximum (If the amount on line 7a, Col. I, is under 150% of the federal poverty level for an individual, enter \$0 on line 14b, Col. I. If the amount on line 7a, Col. I, is 150% or higher of the federal poverty level for an individual, multiply the amount on line 14a, Col. I, by 5% and enter this amount on line 14b, Col. I. If the amount on line 7a, Col. II, is under 150% of the federal poverty level for an individual, enter \$0 on line 14b, Col. II. If the amount on line 7a, Col. II, is 150% or higher of the federal poverty level for an individual, multiply the amount on line 14a, Col. II, by 5% and enter this amount on line 14b, Col. II.) . . . . .	\$ _____	\$ _____	
15. Combined annual income that is basis for child support order (add line 14a, Col. I and Col. II). . . . .			\$ _____
16. Percentage of parent's income to total income:			
a. Father (divide line 14a, Col. I, by line 15, Col. III). . . . .	_____ %		
b. Mother (divide line 14a Col. II by line 15, Col. III). . . . .	_____ %		
17. Basic combined child support obligation (Refer to schedule, first column, locate the amount nearest to the amount on line 15, Col. III, then refer to column for number of children in this family. If the income of the parents is more than one sum, but less than			

another, you may calculate the difference.). . . . .

\$\_\_\_\_\_

**COLUMN I  
FATHER**

**COLUMN II  
MOTHER**

**COLUMN III  
COMBINED**

**18. Annual support obligation per parent**

a. Father (Multiply line 17, Col. III, by line 16a). . . . . \$\_\_\_\_\_

b. Mother (Multiply line 17, Col. III, by line 16b). . . . . \$\_\_\_\_\_

**19. Annual child care expenses for the children who are the subject of this order that are work-, employment training-, or education-related, as approved by the court or agency (deduct tax credit from annual cost, whether or not claimed). . . . .**

\$\_\_\_\_\_ \$\_\_\_\_\_

**20. a. Marginal, out-of-pocket costs, necessary to provide for health insurance for the children who are the subject of this order (contributing cost of private family health insurance, minus the contributing cost of private single health insurance, divided by the total number of dependents covered by the plan, including the children subject of the support order, times the number of children subject of the support order). . . . .**

\$\_\_\_\_\_ \$\_\_\_\_\_

**b. Cash medical support obligation (enter the amount on line 14b or the amount of annual health care expenditures estimated by the United States Department of Agriculture and described in 3119.30 of the Revised Code, whichever amount is lower). . . . .**

\$\_\_\_\_\_ \$\_\_\_\_\_

**21. ADJUSTMENTS TO CHILD SUPPORT WHEN HEALTH INSURANCE IS PROVIDED:**

**Father (Only if obligor or shared parenting)**

**Mother (Only if obligor or shared parenting)**

a. Additions: Line 16a times sum of amounts shown on line 19, Col. II and Line 20a, Col. II

\$\_\_\_\_\_

b. Additions: Line 16b times sum of amounts shown on line 19, Col. I and Line 20a, Col. I

\$\_\_\_\_\_

c. Subtractions: Line 16b times sum of amounts shown on line 19, Col. I and Line 20a, Col. I

\$\_\_\_\_\_

d. Subtractions: Line 16a times sum of amounts shown on Line 19, Col. II and Line 20a, Col. II

\$\_\_\_\_\_

**22. OBLIGATION AFTER ADJUSTMENTS TO CHILD SUPPORT WHEN HEALTH INSURANCE IS PROVIDED:**

Father: Lines 18a plus or minus the difference between line 21a minus line 21c . . . . .

\$\_\_\_\_\_

Mother: Line 18b plus or minus the difference between line 21b minus line 21d. . . . .

\$\_\_\_\_\_

**23. ACTUAL ANNUAL OBLIGATION WHEN HEALTH INSURANCE IS PROVIDED:**

a. (Line 22a or 22b, whichever line corresponds to the parent who is the obligor). . . . .

\$\_\_\_\_\_ \$\_\_\_\_\_

b. Any non-means-tested benefits, including Social Security and Veterans' benefits, paid to and received by a child or a person on behalf of the child due to death,

disability, or retirement of the parent. . . \$\_\_\_\_\_ \$\_\_\_\_\_

COLUMN I FATHER	COLUMN II MOTHER	COLUMN III COMBINED
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c. Actual annual obligation (subtract line 23b from line 23a). . . \$\_\_\_\_\_ \$\_\_\_\_\_

**24. ADJUSTMENTS TO CHILD SUPPORT WHEN HEALTH INSURANCE IS NOT PROVIDED:**

Father (Only if obligor or shared parenting)

Mother (Only if obligor or shared parenting)

a. Additions: Line 16a times sum of amounts shown on  
line 19, Col. II and Line 20b, Col II  
\$\_\_\_\_\_

b. Additions: Line 16b times sum of amounts shown on  
line 19, Col. I and Line 20b, Col. I  
\$\_\_\_\_\_

c. Subtractions: Line 16b times sum of amounts shown  
on line 19, Col. I and Line 20b, Col. I  
\$\_\_\_\_\_

d. Subtractions: Line 16a times sum of amounts shown  
on Line 19, Col. II and Line 20b, Col. II  
\$\_\_\_\_\_

**25. OBLIGATION AFTER ADJUSTMENTS TO CHILD SUPPORT WHEN HEALTH INSURANCE IS NOT PROVIDED:**

Father: Lines 18a plus or minus the difference between  
line 24a minus line 24c . . . . . \$\_\_\_\_\_

Mother: Line 18b plus or minus the difference between  
line 24b and line 24d. . . . . \$\_\_\_\_\_

**26. ACTUAL ANNUAL OBLIGATION WHEN HEALTH INSURANCE IS NOT PROVIDED:**

a. (Line 25a or 25b, whichever line corresponds to the parent who  
is the obligor). . . . . \$\_\_\_\_\_ \$\_\_\_\_\_

b. Any non-means-tested benefits, including Social Security  
and Veterans' benefits, paid to and received by a child or  
a person on behalf of the child due to death, disability,  
or retirement of the parent. . . . . \$\_\_\_\_\_ \$\_\_\_\_\_

c. Actual annual obligation (subtract line 26b from line 26a). . . . \$\_\_\_\_\_ \$\_\_\_\_\_

27.a. Deviation from sole residential parent support amount shown on line 23c if amount would be unjust or  
inappropriate: (See section 3119.23 of the Revised Code.) (Specific facts and monetary value must be stated.)

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b. Deviation from shared parenting order: (See sections 3119.23 and 3119.24 of the Revised Code.) (Specific facts  
including amount of time children spend with each parent, ability of each parent to maintain adequate housing for  
children, and each parent's expenses for children must be stated to justify deviation.)

WHEN HEALTH INSURANCE  
IS PROVIDED      IS NOT PROVIDED

28. FINAL CHILD SUPPORT FIGURE: (This amount reflects final annual child support obligation; in Col. I, enter line 23c plus or minus any amounts indicated in line 27a or 27b; in Col. II, enter line 26c plus or minus any amounts indicated in line 27a or 27b). . . . .

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
FATHER / MOTHER  
OBLIGOR

29. FOR DECREE: Child support per month (divide obligor's annual share, line 28, by 12) plus any processing charge. . .

\$ \_\_\_\_\_ \$ \_\_\_\_\_

30. FINAL CASH MEDICAL SUPPORT FIGURE: (This amount reflects the final, annual cash medical support to be paid by the obligor when neither parent provides health insurance coverage for the child; enter obligor's cash medical support amount from line 20b. . . . .

\$ \_\_\_\_\_

31. FOR DECREE: Cash medical support per month (divide line 30 by 12) plus any processing charge. . . . .

\$ \_\_\_\_\_

PREPARED BY: \_\_\_\_\_

COUNSEL: \_\_\_\_\_  
(FOR MOTHER / FATHER)

PRO SE: \_\_\_\_\_

CSEA: \_\_\_\_\_

OTHER: \_\_\_\_\_

WORKSHEET HAS BEEN REVIEWED AND AGREED TO:

\_\_\_\_\_  
MOTHER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FATHER

\_\_\_\_\_  
DATE